

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17450

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 49

1031

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 704 East Stoddard	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

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3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Cleveland		c. (Last) Campbell		4. DATE OF DEATH (Month) (Day) (Year) May 18, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 17, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 3 Days 1	IF UNDER 100 HRS. Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Wayne County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Hiram Campbell		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Talitha Campbell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Talitha Campbell, Dexter, Mo.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized C.G. Causes of the lung.		INTERVAL BETWEEN ONSET AND DEATH 1 year. 2 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nutritional deficiency		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. 163 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 19, 1954** to **May 15, 1955**, that I last saw the deceased alive on **16, 1955**, and that death occurred at **5:30 AM**, from **the** causes and on the date stated above.

23a. SIGNATURE Richard Comeau (Degree or title)		23b. ADDRESS W. A. Dexter, Mo.		23c. DATE SIGNED 5/18/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-20-55		24c. NAME OF CEMETERY OR CREMATORY Essex		24d. LOCATION (City, town, or county) (State) Essex, Missouri	
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DATE REC'D BY LOCAL REG. 5/24/55		REGISTRAR'S SIGNATURE Velma H. Fenwick		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.	
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Lucille Rainey

Student Embalmer No. 508

working under my personal supervision.

Student *Lucille Rainey*
Student Embalmer

Signed _____

J. Stuckard

Licensed Embalmer No. 3479

P. O. Address Hester Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.